

HIV/AIDS Summary Among the Incarcerated

The Global HIV/AIDS Epidemic among the Incarcerated

Rates of HIV infection in inmate populations worldwide are much higher than in the general population. The higher rates are generally related to two factors: the proportion of prisoners who injected drugs prior to imprisonment, and the rate of HIV infection among injection drug users in the community. For females, the number of inmates who were sex workers is an additional factor. For males, inmates involved in sex acts with other inmates or receiving tattoos while incarcerated may be at risk for HIV infection.

HIV infection rates are high in many European prisons. In eastern Europe the incarcerated rates are among the highest in the world (e.g. Russian Federation incarceration rate was 611 per 100,000 population in 2003). Studies in European countries found considerable variations in HIV infection rates among prisoners, especially in Eastern Europe. Twelve percent of Estonia's prison population was HIV infected, along with 4% of the Russian Federation's (in 2002) and 7% of the Ukraine's (in 2000) prison populations. Portugal, a western European country, had high rates of HIV-infected prisoners (11% in 2000) while other western countries had successful prevention interventions that lowered their rates. HIV rates in prisoners in Western Europe are typically less than 1% www.euro.who.int.

From a voluntary questionnaire and ELISA testing of 1,596 inmates, studies of the prevalence of HIV in African prisons show rates ranging from 2.7% in a cross sectional serostudy in Senegal to 27% in Zambia. In Cote D'Ivoire, a western African country, 28% of the prisoners at the main prison in Abidjan were HIV-infected compared to 12.5% - 14.2% of the general population www.aegis.org.

In Canada's federal prison system the number of reported cases of HIV/AIDS rose from 14 cases in January 1989 to 217 cases in December 2000. This means that 1.7% of all Canadian federal prison inmates in 2000 were known to be HIV positive. The actual number may be much higher, due to inmates who choose not to disclose their HIV positive status and those who do not know their status (Canadian HIV/AIDS Legal Network).

In Canadian provincial prisons (where offenders sentenced to prison terms of less than two years serve their time), rates of HIV are also high. Studies undertaken in provincial prisons in British Columbia, Ontario, and Quebec have shown that HIV prevalence rates in these prisons are over 10 times higher than in the general population, ranging from 1.0 to 7.7 percent; again, these numbers are known cases only (Ibid).

The United States HIV/AIDS Epidemic among the Incarcerated

Nationally, 1.7% of all U.S. inmates are known to be HIV positive and 0.4%, are reported as confirmed AIDS cases (U.S. Bureau of Justice Statistics). Among the U.S. general population, approximately 0.5% of inmate cases are reported as AIDS and an estimated 0.3% of cases are thought to be living with HIV infection. Compared to other state prison

systems, Florida ranks second in the number of HIV cases (Table 1) (U.S. Bureau of Justice Statistics, 2006). These are known cases only, and the actual number of cases no doubt exceeds these numbers. A study of Maryland prison inmates showed that inmates who refused voluntary HIV testing were almost twice more likely to test positive for HIV than those accepting voluntary testing (MacDougall, David S.). In Florida, correctional testing for HIV infection is voluntary on entry and mandatory upon release.

Inmates in custody of state or federal prison authorities and known to be positive for HIV; Top five states (in number HIV positive), 2004-2006

Jurisdiction	<u>Total known to be HIV positive</u>			<u>HIV/AIDS cases as a percent of total custody population</u>		
	2004	2005	2006	2004	2005	2006
New York	4,500	4,440	4,000	7.0	7.0	6.3
Florida	3,250	3,396	3,412	3.9	3.9	4.1
Texas	2,405	2,400	2,693	1.7	1.7	1.9
California	1,212	1,249	1,155	0.7	0.7	0.7
Georgia	1,109	1,042	944	2.2	2.1	1.8
Rest of the U.S.	10,460	10,149	9,776	N/A*	N/A*	N/A*
Total U.S.	22,936	22,676	21,980	1.8	1.7	1.7

* Because these numbers are based on each individual state's custody population, not enough data were given to find the percentages.

Source: U.S. Bureau of Justice Statistics

Confirmed HIV Cases in U.S. Prisons

At year-end 2006, 21,980 inmates in state and federal prisons were known to be infected with HIV. Among the 21,980 known HIV-positive inmates in 2006, 20,450 were in state prisons and 1,530 were in federal prisons. It should be noted that the geographic distribution of HIV and AIDS in prisons in the U.S. is very irregular; some prison systems have rates under 1%, while a few female prisons have rates of over 10% (Bureau of Justice Statistics Bulletin, 2006).

Confirmed AIDS Cases in U.S. Prisons

At the end of 2006, a reported 5,674 inmates in U.S. prisons had confirmed AIDS, a slight increase from 5,422 in 2005 (U.S. Bureau of Justice Statistics). Among those with confirmed AIDS, 5,018 were in state prisons and 656 were in federal prison. Florida ranks third in the number of confirmed AIDS cases among prison inmates (U.S. Bureau of Justice Statistics). Based on yearly estimates, the number of confirmed AIDS cases increased from 5,620 in 2005 to 5,977 in 2006. Confirmed AIDS cases made up 0.5% of inmates in state prisons and 0.4% of those in federal prisons.

Report Focuses on Services for People Living with HIV in Correctional Facilities***

HRSA and the CDC developed a partnership in 1999 to provide funding to support demonstration projects within correctional facilities and communities that develop models of comprehensive surveillance, prevention, and health care activities for HIV, STIs, TB, substance abuse, and hepatitis. A new report, “Opening Doors: The HRSA-CDC Corrections Demonstration Project for People Living with HIV/AIDS,” describes the initiative; its intent, development, and implementation; and lessons learned.

From 1999 to 2004, HRSA and the CDC jointly funded a national corrections demonstration project in seven States (California, Florida, Georgia, Illinois, Massachusetts, New York, and New Jersey). The HIV/AIDS Intervention, Prevention, and Continuity of Care Demonstration Project for Incarcerated Individuals Within Correctional Settings and the Community, known as the Corrections Demonstration Project (CDP), involved jail, prison, and juvenile settings. The program targeted inmates with HIV/AIDS, hepatitis B and C, TB, substance abuse, and STIs. It supported an array of services that included treatment for HIV and other diseases in correctional facilities; discharge planning; case management to link clients to services following release; and, in two States (California and New Jersey), prevention case management for high-risk, HIV-negative releasees.

To view the report go to:

<http://hab.hrsa.gov/tools/openingdoors/>

Risk Factors for HIV and AIDS

The risk factors for AIDS and HIV include men who have sex with men (MSM), injection drug users (IDU), men who have sex with men and use injection drugs (MSM/IDU), known heterosexual risk, and other¹ risk factors such as blood transfusions or hemophilia, and no identified risk (NIR). Some risk factor may increase in the prison setting. Some men who are incarcerated become MSM, although prior to incarceration they may have been exclusively heterosexual. The exact number of MSM in prison is hard to establish, but the Federal Bureau of Prisons estimated that it is 30% of all male inmates. They also estimate that 9% to 20% of federal inmates were victims of rape. Injecting drug users engage in riskier behavior in prison by sharing hard-to-obtain injection equipment more frequently than they would on the outside, and most do not have access to bleach to sterilize the equipment between uses. An additional risk factor for inmates is tattooing, which is often done with dirty needles; but this risk factor affects only a small number of inmates.

¹ “Other” categories in this document (risk, race, and mode of exposure) have not been included in the graphs, because they make up less than 2% of cases.

The HIV/AIDS Epidemic among the incarcerated in Florida

HIV Status in Florida State and Federal Prisons

The data in the following section were provided by the Florida Department of Corrections, Office of Health Services, Clinical Quality Management Mortality Review and Infection Control Programs.

The Office of Health Services, Florida Department of Corrections (DC) began tracking HIV positive inmates in fiscal year 1992-93, the same year they began keeping statistics on the incidence of AIDS. In Florida, 3.8% of inmates are known to be HIV as of year-end 2006, compared with 1.7% of inmates nationally in 2005.

Beginning in 1999, Florida Department of Health and the Florida Department of Corrections began implementation of several initiatives in prisons for screening, counseling and testing, education, and linking inmates to care upon release. These programs should significantly increase the identification of inmates who are HIV positive.

A new HIV/AIDS program was started in September 2000 at the Gadsden Correctional Institution for women. This program is lead by Big Bend Cares, a local HIV/AIDS care provider. The program provides HIV/AIDS education, testing, and pre-release planning services to the inmates. It is expected that this program will significantly affect the number of HIV tests administered, and will therefore increase the number of inmates identified as having HIV.

In 2002, after many years of legislative lobbying and presence on the legislators' agenda, Florida passed legislation for mandatory HIV testing of prison inmates. Under Florida Statute 945.355, prison inmates in Florida are required to receive an HIV test within 6 months of their release date from prison. As of December 31, 2006 there were a total of 3,411 inmates in custody of state prisons in Florida who were known to be positive for HIV (Table 1). Of the HIV infected inmates, 88% were male, representing 3.6% of the total males in custody, and 12% were female, representing 6.3% of the total females in custody (Figure 1).

Today, the Florida Department of Health (DOH) and Florida Department of Corrections (DC) collaborate to implement the Pre-Release Planning Program statewide. This program, funded through Ryan White Part B, is responsible for offering pre-release services to all known HIV-infected prisoners in Florida Department of Corrections facilities. The DC employs five pre-release planners who are divided among four regions in the state to effectively reach and serve all inmates prior to release. The pre-release planners provide services directly to the inmate within three to six months of their end-of-sentence date to determine the community to which the inmate is returning and what type of services he/she will need. Beginning in November 2007 the PRPP added a community liaison position to the program to assist inmates returning to the Miami-Dade and Broward area with transitional services. Miami-Dade and Broward counties receive 33% of the HIV-infected inmates back to their community, highlighting the need for additional linkage services.

The DOH also funds 16 jail testing and linkage programs across the state. These programs are located in Alachua, Broward, Collier, Duval, Gadsden, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, and Volusia counties. The jail linkage programs include: counseling and testing for HIV/AIDS, Tuberculosis, hepatitis, and STDs; prevention education; pre-release planning for inmates; and follow up services to ensure the releasees are still in care in their respective counties. Jail linkage staff often provides STD education sessions with inmates followed by voluntary HIV testing.

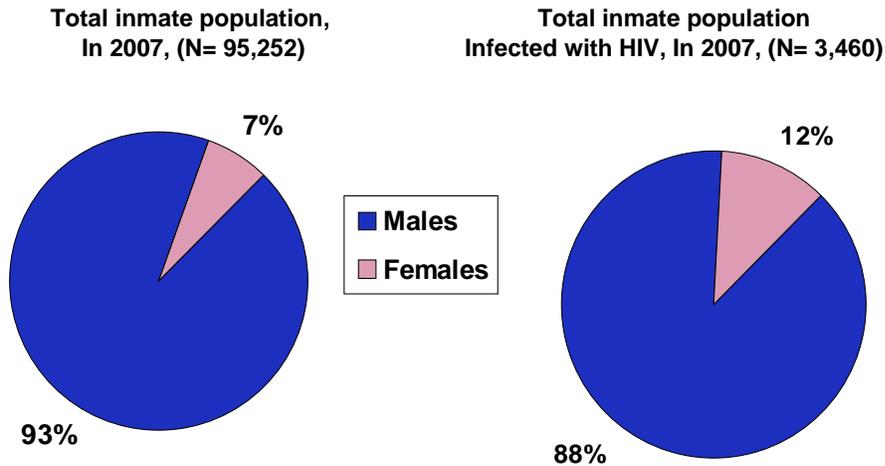
Table 1: HIV Cases among DC Inmates by Race/Ethnicity, Age Group. And Sex, Florida, 2007

	Total DC Population	Infected Inmates	
		No.	Percent
Sex			
Male	88,564	3,059	3.5%
Female	6,688	401	6.0%
Race/Ethnicity			
White	44,130	945	2.1%
Black	47,698	2,435	5.1%
Hispanic	3,076	72	2.3%
Other	348	8	2.3%
Age Group			
17 & under	257	0	0.0%
18-24	13,483	67	0.5%
25-34	29,620	584	2.0%
35-49	38,476	2,155	5.6%
50-59	10,402	575	5.5%
60+	3,014	79	2.6%
Total	95,252	3,460	3.6%

Source: Florida Department of Corrections

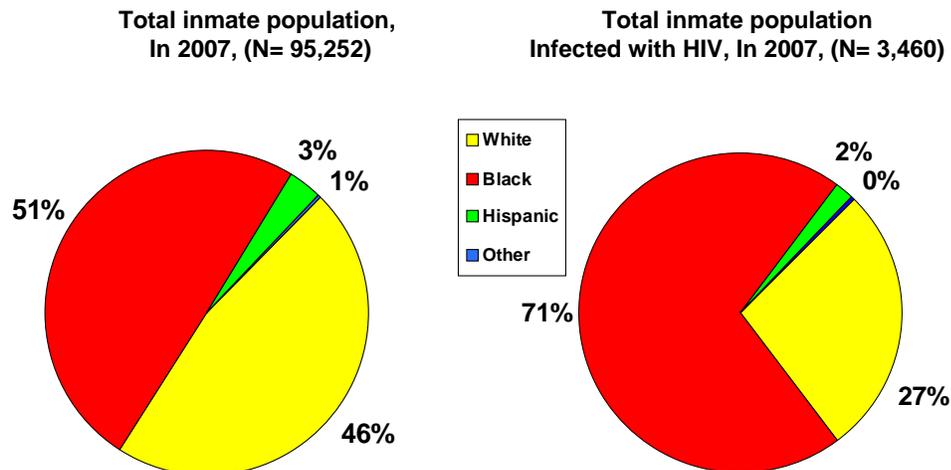
The proportion of HIV cases among inmates who were female (12%) was slightly higher than the proportion of the inmate population that was female (7%) (Figure 1). This is probably due to a combination of a higher percentage of women being incarcerated on drug-related offenses, and the high number of incarcerated commercial sex workers.

Figure 1: HIV among DC Inmates by Sex Florida, as of 12/31/2007



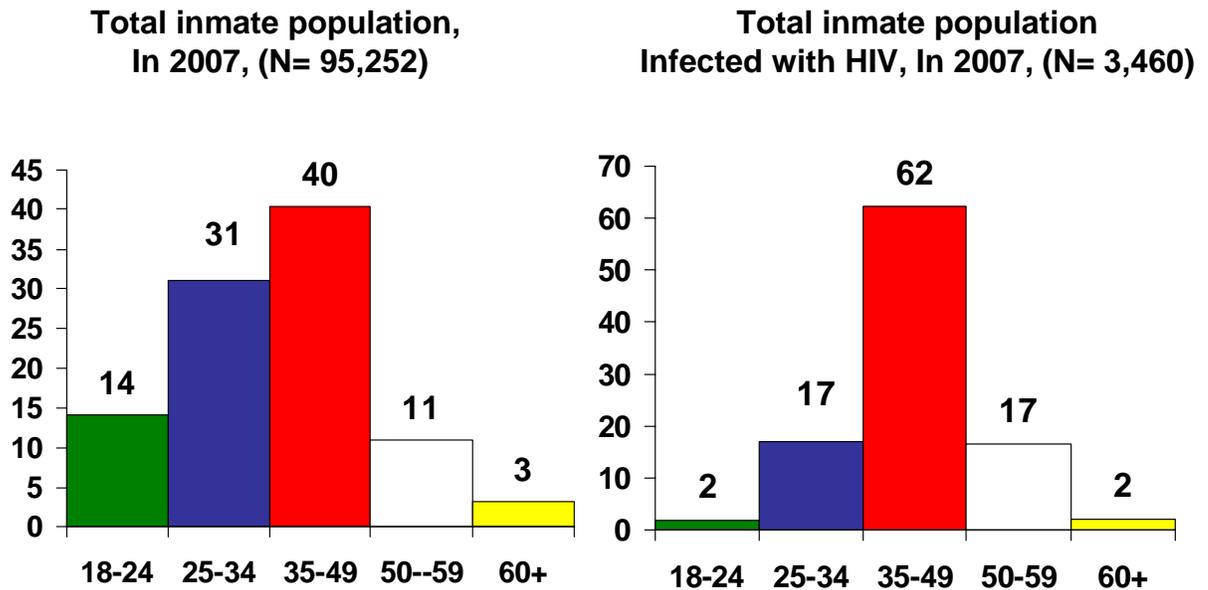
The proportion of HIV cases among inmates who were white (27%) was much lower than the proportion of the inmate population who were white (46%) (Figure 2). Conversely, the proportion of HIV cases among inmates who were black (71%) was much higher than the proportion of the inmate population who were black. This is similar to the trends observed among non-DC populations.

Figure 2: HIV among DC Inmates by Race/Ethnicity Florida, as of 12/31/2007



The majority (62%) of inmates infected in 2007 were within the age group of 35-49 (Figure 3).

Figure 3: HIV among DC Inmates by Age Group Florida, as of 12/31/2007



HIV Cases Reported to the Department of Health by the Department of Corrections
The data in the following section were provided by the Florida Department of Health, Bureau of HIV/AIDS.

The total number of inmates presumed living with HIV/AIDS is 4,126 as of 2007 (Table 2). The distribution by race/ethnicity was 74% black, 17% white, and 8% Hispanic. The majority are aged 35-49 (63%). DC inmates aged 25-59 accounted for 96% of cases. The common mode of exposure among male inmates was MSM, accounting for 40% of cases, followed by IDU at 27% and heterosexual contact at 20%. The common mode of exposure among female inmates was heterosexual contact, accounting for 56% of cases, followed by IDU at 43%.

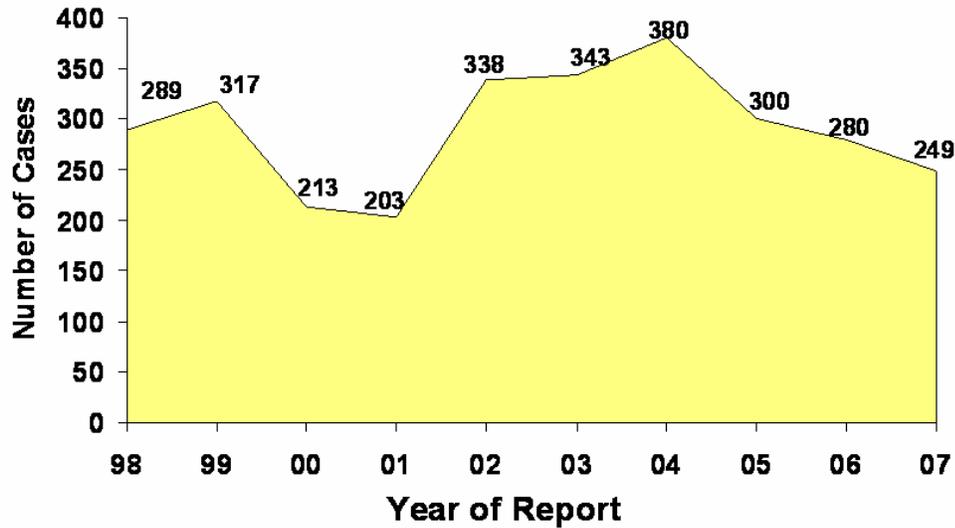
Table 2: Adult male and female HIV/AIDS cases by race/ethnicity, age at diagnosis and mode of exposure, Florida, 2007.

	HIV/AIDS					
	Men		Women		Total	
Race/Ethnicity	No.	Percent	No.	Percent	No.	Percent
White	586	16%	106	23%	692	17%
Black	2,739	75%	310	69%	3,049	74%
Hispanic	315	9%	25	6%	340	8%
Other	34	1%	11	2%	45	1%
Age Group						
18-24	52	1%	8	2%	60	1%
25-34	549	15%	73	16%	622	15%
35-49	2,291	62%	304	67%	2,595	63%
50-59	669	18%	60	13%	729	18%
60+	113	3%	7	2%	120	3%
Exposure Category						
MSM	1463	40%	0	0%	1,463	35%
IDU	981	27%	196	43%	1,177	29%
MSM/IDU	507	14%	0	0%	507	12%
Heterosexual Contact	720	20%	254	56%	974	24%
Other Confirmed Risk	3	0%	3	1%	6	0%
Total	3,674		452		4,126	
Adjustments have been made to redistribute NIR cases.						

Source: Florida Department of Health, Bureau of HIV/AIDS

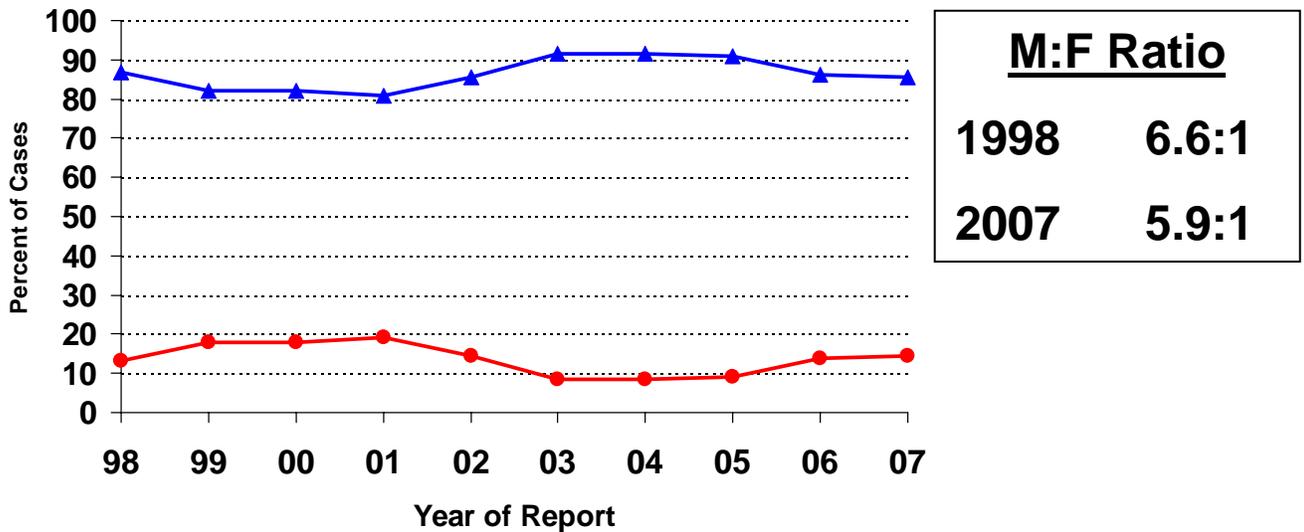
The number of reported HIV cases decreased among DCs by 14% between 1998 and 2007 (Figure 4).

Figure 4: HIV Cases Reported Among DC Inmates by Year of Report, Florida, 1998-2007



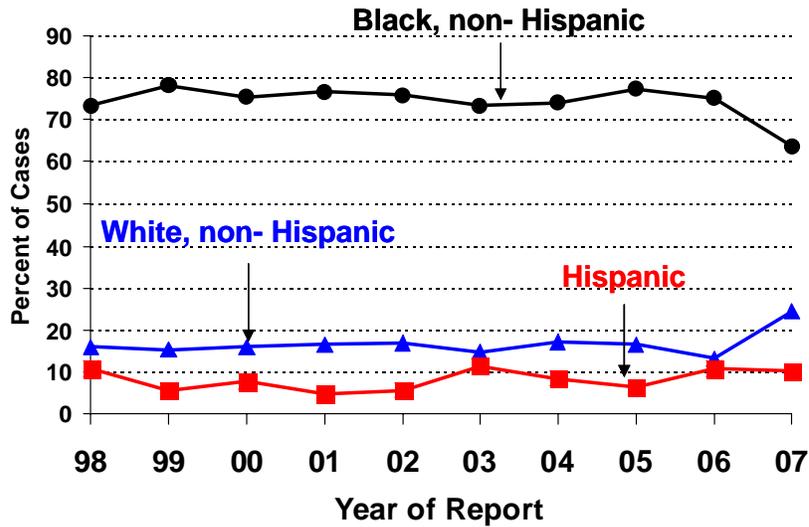
Females have consistently accounted for a small percentage of the annual number of incarcerated HIV cases (Figure 5).

Figure 5: Percent of DC Inmate HIV Cases by Sex and Year of Report, Florida, 1998-2007



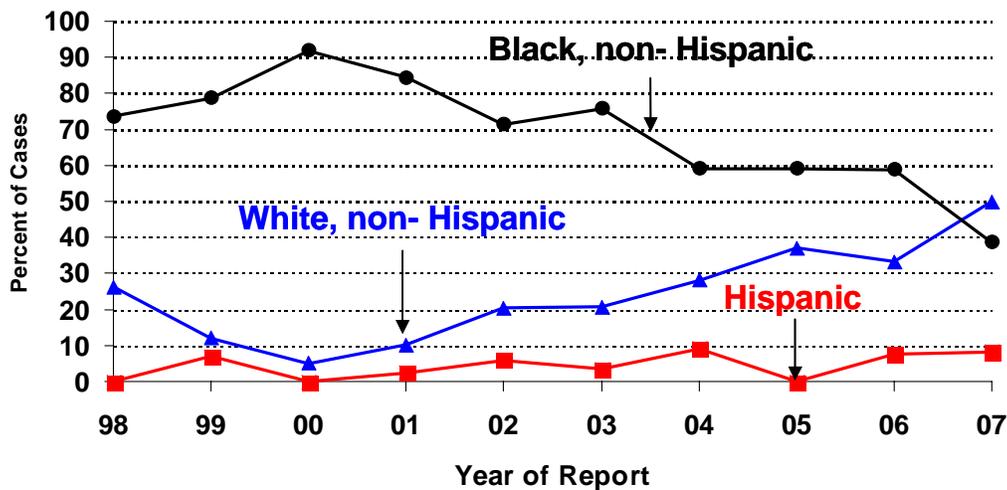
The percent distribution of DC HIV cases among males has been relatively stable among all racial/ethnic groups (Figure 6). Blacks account for the largest proportion of male DC cases, with an average of 73% of cases, followed by whites and Hispanics.

Figure 6: Percent of Adult MALE DC Inmate HIV Cases by Race/Ethnicity* and Year of Report Florida, 1998-2007



The percent of HIV cases among black female inmates has steadily decreased from 98% in 2000 to 39% in 2007. White females account for 50% of cases and Hispanic females account for 8% of cases.

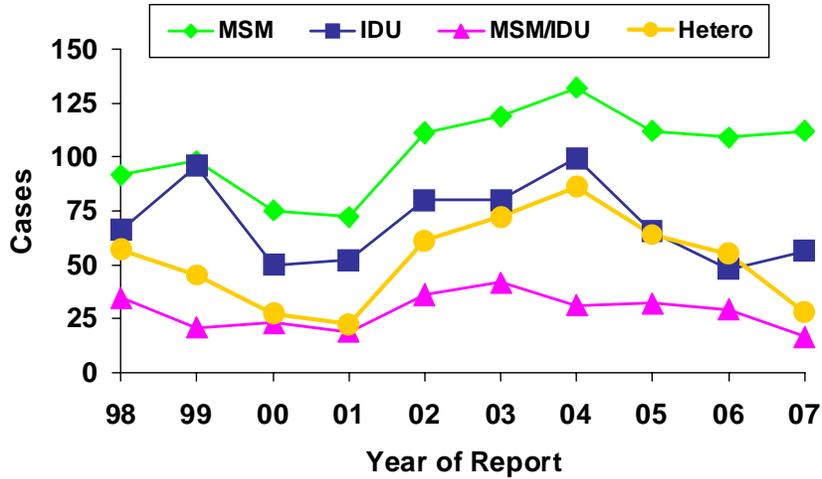
Figure 7: Percent of Adult FEMALE DC Inmate HIV Cases by Race/Ethnicity* and Year of Report Florida, 1998-2007



Mode of Exposure for HIV and AIDS

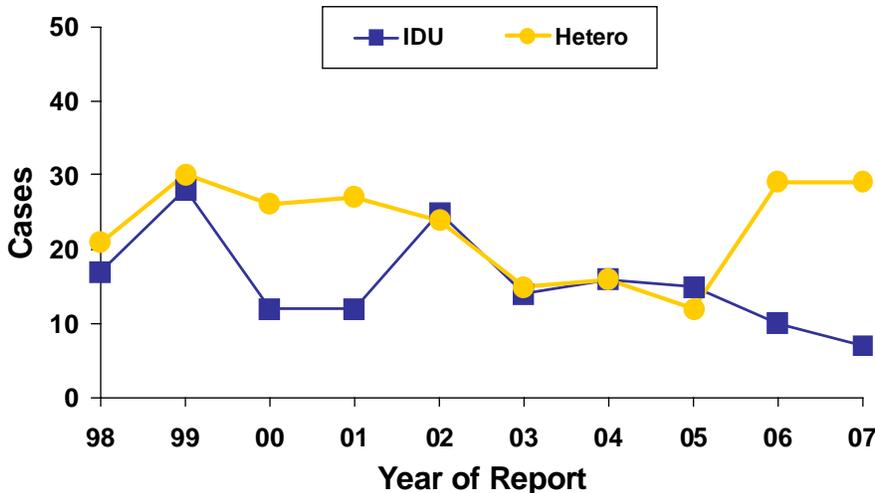
From 2000 through 2007, MSM has remained the primary mode of exposure for males. During this same time period, IDU was the second mode of exposure.

Figure 8: Male inmate HIV cases by Mode of Exposure and Year of Report, Florida, 1998- 2007.



Over the past 10 years, the primary mode of exposure among females alternated between IDU and heterosexual, with heterosexual being the primary risk in 2007.

Figure 9: Female inmate HIV cases by Mode of Exposure and Year of Report, Florida 1998-2007



Summary

The occurrence of HIV and AIDS in our correctional facilities is much higher than it is for the outside population. Additional prevention efforts are needed to target the incarcerated population in order to prevent the transmission of HIV both in and out of prison.

Nonetheless, headway is being made in the treatment of inmates, thanks to the state-of-the-art medical care. At least now, being incarcerated for a few years is no longer a life sentence for inmates with HIV/AIDS.